



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/529,994	
Filing Date	with an effective filing date of October 11, 2003	
First Named Inventor	Ralf BOSS and Johannes SORG	
Group Art Unit	3611	
Examiner Name	Hau V. Phan	Fax: (571) 273-8300
Attorney Docket Number	ZAHFRI P730US	

Total No. of Pages in this Submission: 14

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	April 5, 2007	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 5, 2007

Type or printed name	Michael J. Bujold~	
Signature		Date: April 5, 2007 (tac)

<p style="text-align: center;">Effective on 12/08/2004. Fee is subject to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">PAPER FILED</div> <div style="text-align: center;">APR 10 2007</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">MAIL ROOM</div> </div> <p style="text-align: center; font-size: 1.2em;">FREE TRANSMITTAL For FY 2006</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Application No. Filing Date First Named Inventor Examiner Name Art Unit </td> <td style="width: 50%; padding: 5px;"> 10/529,994 with an effective filing date of October 11, 2003 Ralf BOSS and Johannes SORG Hau V. Phan 3611 </td> </tr> <tr> <td style="padding: 5px;">Attorney Docket No.</td> <td style="padding: 5px;">ZAHFRI P730US</td> </tr> </table>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/529,994 with an effective filing date of October 11, 2003 Ralf BOSS and Johannes SORG Hau V. Phan 3611	Attorney Docket No.	ZAHFRI P730US																																																											
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TOTAL AMOUNT OF PAYMENT: \$450																																																																		
METHOD OF PAYMENT (check all that apply)																																																																		
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																																		
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C.</u>																																																																		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																																		
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee																																																																		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments																																																																		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																																																		
FEE CALCULATION																																																																		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																																		
	FILING FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Application Type</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>Utility</td><td style="text-align: center;">300</td><td style="text-align: center;">150</td></tr> <tr><td>Design</td><td style="text-align: center;">200</td><td style="text-align: center;">100</td></tr> <tr><td>Plant</td><td style="text-align: center;">200</td><td style="text-align: center;">100</td></tr> <tr><td>Reissue</td><td style="text-align: center;">300</td><td style="text-align: center;">150</td></tr> <tr><td>Provisional</td><td style="text-align: center;">200</td><td style="text-align: center;">100</td></tr> </tbody> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	Design	200	100	Plant	200	100	Reissue	300	150	Provisional	200	100	SEARCH FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Application Type</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>Utility</td><td style="text-align: center;">500</td><td style="text-align: center;">250</td></tr> <tr><td>Design</td><td style="text-align: center;">100</td><td style="text-align: center;">50</td></tr> <tr><td>Plant</td><td style="text-align: center;">300</td><td style="text-align: center;">150</td></tr> <tr><td>Reissue</td><td style="text-align: center;">500</td><td style="text-align: center;">250</td></tr> <tr><td>Provisional</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> </tbody> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Utility	500	250	Design	100	50	Plant	300	150	Reissue	500	250	Provisional	0	0	EXAMINATION FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Application Type</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> <th style="text-align: center;">Fees Paid (\$)</th> </tr> </thead> <tbody> <tr><td>Utility</td><td style="text-align: center;">200</td><td style="text-align: center;">100</td><td style="text-align: center;">_____</td></tr> <tr><td>Design</td><td style="text-align: center;">130</td><td style="text-align: center;">65</td><td style="text-align: center;">_____</td></tr> <tr><td>Plant</td><td style="text-align: center;">160</td><td style="text-align: center;">80</td><td style="text-align: center;">_____</td></tr> <tr><td>Reissue</td><td style="text-align: center;">600</td><td style="text-align: center;">300</td><td style="text-align: center;">_____</td></tr> <tr><td>Provisional</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">_____</td></tr> </tbody> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	Utility	200	100	_____	Design	130	65	_____	Plant	160	80	_____	Reissue	600	300	_____	Provisional	0	0	_____
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	Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">50</td><td style="text-align: center;">25</td></tr> <tr><td style="text-align: center;">200</td><td style="text-align: center;">100</td></tr> <tr><td style="text-align: center;">360</td><td style="text-align: center;">180</td></tr> </tbody> </table>		Fee (\$)	Small Entity Fee (\$)	50	25	200	100	360	180																																																						
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HP = highest number of independent claims paid for, if greater than 3.																																																																		
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																																		
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;"> Total Sheets _____ -100 = </td> <td style="width: 20%;"> Extra Sheets _____ / 50 = </td> <td style="width: 20%;"> No. of each additional 50 or fraction thereof _____ (round up to a whole number) x </td> <td style="width: 20%;"> Fee (\$) _____ = </td> <td style="width: 20%;"> Fee Paid (\$) _____ </td> </tr> </table>				Total Sheets _____ -100 =	Extra Sheets _____ / 50 =	No. of each additional 50 or fraction thereof _____ (round up to a whole number) x	Fee (\$) _____ =	Fee Paid (\$) _____																																																										
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4. OTHER FEE(S)																																																																		
Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$) _____																																																																		
Other (e.g., late filing surcharge): TWO (2) MONTH EXTENSION OF TIME \$450																																																																		
SUBMITTED BY																																																																		
Signature		Registration No.	Telephone (603) 226-7490																																																															
Name (Print/Type)	Michael J. Bujold	Atty/Agent 32,018	Date: April 5, 2007																																																															